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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I28150000089
Phone : (305)444-8800
Fax Number : (305)444-4010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: amohamad@hcoadvisois.com

NOV 19 PM 3:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4 PAISANOS LLC

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4 PAISANOS LLC

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the), imited Lighlity Co (A Florida Lim	ompany as it now appears on our records, sited Liability Company)	,1
The Articles of Organization for this Limited Liability Comp Florida document number 1.20000139746	pany were filed on 05/29/2020	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	liability company here:	7071 KOV 19
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation 1.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
****	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

From: Angelica Mohamad

Fax: 13054448800

To:

Fax: (850) 617-6383

Page; 4 of 5

11/19/2020 3:47 PM

If ameuding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Jacobo Cojab Hilwani	2330 Ponce de Leon Blvd,	
		Coral Gables, FL, 33134	Remove
			OGhange
MGR	Carlos Gerardo Guillen	2330 Ponce de Leon Blvd,	OGkange TO DAdd
		Coral Gables, FL. 33134	9 €Remove :
MGR	Gerardo Guillen	2330 Ponce de Leon Blvd.	
		Coral Gubles, FL, 33134	□Remove
			Change
MGR	Jose Alberto Flores Badillo	2330 Ponce de Leon Blvd,	≅Add
		Coral Gables, FL, 33134	□Remove
			□ Change
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	2020				
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ited	Signature of a member or au		of a manha-		